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HUMAN GENOME SCIENCES INC. INTELLECTUAL PROPERTY DEPT. 14200 SHADY GROVE ROAD				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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APPLICATION NO. FILING DA	FILING DATE		NTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.		
09/042,583 03/17/199	98	JIAN NI		PF366		5224			
TITLE OF INVENTION: DEATH DOMAIN	CONTAINING RECEPTO)R _. 5					···		
APPLN. TYPE SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUE				DATE DUE	
nonprovisional NO	\$1510	\$0		\$0	\$0		\$1510 08/19/2010		
EXAMINER	ART UNIT	CLASS-SUBCLAS	s	_					
KAUFMAN, CLAIRE M	435-325000								
1. Change of correspondence address or indict CFR 1.363). Change of correspondence address (or Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address") required. Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Human Genome Sciences, Inc. 2 3								
3. ASSIGNEE NAME AND RESIDENCE D. PLEASE NOTE: Unless an assignee is it recordation as set forth in 37 CFR 3.11. C (A) NAME OF ASSIGNEE	ATA TO BE PRINTED ON lentified below, no assigne ompletion of this form is N	N THE PATENT (print be data will appear on OT a substitute for filin (B) RESIDENCE: (the pang	atent. If an assign assignment.			locument	has been filed for	
Human Genome Sciences, Inc. Rockville, Maryland									
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity disco	 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-3425 (enclose an extra copy of this form). 								
5. Change in Entity Status (from status indi	status. See 37 CFR 1.27.	b. Applicant is	no lon	ger claiming SMA	LL ENT	TTY status. See 37 (CFR 1.27((g)(2).	
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••	F. Young			Registration l		60,241			
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